

**Proposer Information Sheet**

Our inclusive cost proposal is attached. A signature affixed hereon and dated certifies compliance with all bid requirements. Our signature authorizes the State to verify the claims made on this certification.

Name of Firm:		CA Corp. No. (If applicable)	Federal ID Number
Name of Principal (If not an individual):	Title:	Telephone Number	Fax Number
Street Address / P.O. Box	City	State	Zip Code

**Type of Business Organization / Ownership (Check all that apply)**

<b>Ownership</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint venture <input type="checkbox"/> Association	<b>Corporation</b> <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> Private <input type="checkbox"/> Public	<b>Governmental</b> <input type="checkbox"/> City/County, California State Agency, Federal Agency, State (other than California)  <input type="checkbox"/> Other: _____	<b>Other Type of Entity</b> <input type="checkbox"/> Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency <input type="checkbox"/> Auxiliary College Foundation <input type="checkbox"/> Other: _____
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**California Certified Small Business Status** ☐ N/A ☐ Microbusiness ☐ Small business
☐ Certified By DGS Certification No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If certified, attach a copy of certification letter. | If an application is pending, date submitted to DGS: \_\_\_\_\_

**Small Business Type (If applicable)** ☐ N/A ☐ Services ☐ Non-Manufacturer ☐ Manufacturer
☐ Contractor (Construction Type): \_\_\_\_\_ ☐ Contractor's License Type: \_\_\_\_\_
**Veteran Status of Business Owner** ☐ N/A
☐ Disabled Veteran Certified by DGS Certification No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If certified, attach a copy of certification letter. | If an application is pending, date submitted to DGS: \_\_\_\_\_

**Disadvantaged Business Enterprise Status:** ☐ N/A ☐ Approved by the Cal Trans, Office of Civil Rights.

Certification number issued by Cal Trans: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Race/Ethnicity of Business Owner** ☐ N/A ☐ Black ☐ Hispanic ☐ Non-Minority or Caucasian
☐ Asian Indian ☐ Pacific Asian ☐ Native American ☐ Other \_\_\_\_\_
**Sex of Business Owner** ☐ N/A (Not independently owned) ☐ Male ☐ Female**Indicate applicable licenses and/or certifications possessed:**

Contractor's State Licensing Board No.	PUC License Number CAL-T-	<input type="checkbox"/> N/A Required Licenses/Certifications (If applicable)
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<b>Signature</b>		Date Signed
Printed/Typed Name		Title

**Public Records Information**

The above information is required for statistical and/or bidding purposes. Completion of this form is mandatory. This information will be made public upon award of the contract and will be supplied to DHS' Contract Management Unit, Department of General Services and possibly other public agencies. To access your contract related records, contact the Contract Management Unit, 1800 3<sup>rd</sup> Street (Room 455), P.O. Box 942732, Sacramento, CA 94234-7432, telephone number (916) 322-6122.